




**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # V04263 1. Entity Name MORSE BROS. CITRUS CORP.			
Principal Place of Business 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176		Mailing Address 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE			
			
		01212008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0309920	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONDSCHIEIN, LEONARD E. 9000 SW 87TH CT SUITE 218 MIAMI, FL 33176		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 DO NOT WRITE IN THIS SPACE	
TITLE DPV NAME HASELNUSS, SOLOMON STREET ADDRESS 498 W END AVE CITY-ST-ZIP NEW YORK, NY			
TITLE ST NAME HASELNUSS, SOLOMON STREET ADDRESS 498 W END AVE CITY-ST-ZIP NEW YORK, NY			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Solomon Haselnuss</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-12-08 (212) 372-2997 Date Daytime Phone #	